

A Regular Meeting of the Durham County Board of Health, held January 14, 2010 with the following members present:

William H. Burch, Ronald Spain, Brenda A. Howerton, Sue McLaurin, John T. Daniel, Jr., MD, Nicholas A. Tise, Michael L. Case, James M. Miller, Sandra Peele, and Heidi Carter.

Absent: William Small

CALL TO ORDER: Mr. Burch, Chairman, called the meeting to order with a quorum present.

REAPPOINTMENTS: Sue McLaurin, Nicholas Tise, John T. Daniels and Michael Case were reappointed to the Board of Health by the Board of County Commissioners.

RECOGNIZE APPOINTMENT OF HEIDI CARTER: Mr. Burch, Chairman, recognized and welcomed Ms. Heidi Carter, Vice-Chairman of Durham Public School Board of Education to the Durham County Board of Health. Ms. Carter is very excited to be on the Board of Health. She is excited about the potential of overlapping spheres of influence with the Board of Health and the Board of Education. The Board of Health members introduced themselves to the new board member.

Ms. Carter was administered the Oath to support Constitutions (G.S. 11-7) and the General Oath (G.S. 11-11).

REVISIONS TO THE AGENDA: Mr. Burch, Chairman, requested the recommendations of the Nominating Committee be added to the agenda. Ms. Gayle Harris requested two Budget Amendments be added to the agenda.

RECOMMENDATION OF NOMINATING COMMITTEE: Dr. Ronald Spain, Chair of the Nomination Committee presented the Committee's recommendation for William H. Burch and Sue McLaurin to continue to serve as Chairman and Vice-Chairman of the Board of Health.

Mr. Nicholas Tise made a motion to accept the recommendations and Dr. John Daniels seconded the motion and the motion was approved.

HEALTH DIRECTOR'S EVALUATION COMMITTEE: Mr. Bill Burch appointed Sue McLaurin, Vice-Chairman, Nicholas Tise, and Jim Miller to the Health Director's Evaluation Committee.

2 A Regular Meeting of the Durham County Board of Health, held January 14, 2010.

FINANCE COMMITTEE: Mr. Bill Burch appointed Sue, McLaurin, Vice-Chairman, Michael Case, Ronald Spain, and Jim Miller to the Finance Committee.

APPROVAL OF MINUTES: Ms. Sue McLaurin made a motion to approve the minutes of November 12, 2009. Ms. Sandra Peele seconded the motion and the motion was approved.

BUDGET AMENDMENTS: The Health Director recommended formal approval of the following amendments.

- a. Recognize a one-time contribution from Family Health International for the amount of \$500. The World AIDS Day (WAD) activities planning committee purchased T-shirts with special WAD messages. Different size T-Shirts with printed messages on the front and back were purchased and distributed to WAD participants. Family Health International (FHI) has reimbursed the health department the total amount (\$500) spent on T-shirts.
- a. Recognize one-time funds in the amount of \$750 from the NC Diabetes Education Recognition Program for operational expenses related to the Health Department's Diabetes Self-Management Education Program

Chairman Bill Burch made a motion to approve budget amendments. Ms. Sue McLaurin seconded the motion. The motion was approved.

BAD DEBT WRITE OFF: *(Marcia Robinson)*

The Health Department has outstanding bad debts in the amount of \$313,046.86 and we are asking the Board of Health to approve the write-off of these bad debts accounts for the last ten years. The health department has developed an annual bad-debt policy. The bad-debt will be presented to the Board of Health at the end of each year. The Board of Health requested more information on the collection process of handling bad-debts.

The board requested more information on how similar health departments handle bad-debt and if the health departments are using the assistance of a collection agency to collect the debt.

Dr. Ronald Spain made a motion to approve the bad-debt write off in the amount of \$313,046.86. Ms. Sue McLaurin seconded the motion and the motion was approved.

3 A Regular Meeting of the Durham County Board of Health, held January 14, 2010.

H1N1 STATUS UPDATE (*Arlene Sena, Sue Guptill, Pam Weaver*):

H1N1 influenza disease activity has declined since November nationwide and throughout the state. The percent of visits to emergency rooms and sentinel medical provider sites for influenza-like illnesses decreased in the end of December to their lowest levels since the start of the pandemic. There have been 78 deaths in the state since April 2009, 3 of which were Durham County residents. Treatment of persons in certain high risk categories with influenza-like illnesses with antiviral medications continue to be recommended.

The number of H1N1 influenza vaccine doses shipped from the state has increased on a weekly basis and vaccines have been administered by DCHD through various strategies including appointment clinics, mass clinics, neighborhood and school-based clinics. On December 9th, the N.C. Division of Public Health lifted the restrictions on vaccine administration to specific target groups, allowing anyone to receive the vaccine with the exception of children less than 6 months of age who cannot be vaccinated. There has been 2 voluntary non-safety-related recalls of pediatric and nasal spray vaccines from the federal government. An overview of H1N1 vaccination activities by the health department will be presented.

The board was given maps that represented the following information:

- **Map A:** Patients Vaccinated for H1N1 flu by the Durham County Health Department
- **Map B:** Patients Reporting Flu-Like Symptoms
- **Map C:** Percent of Population Vaccinated for the H1N1 Flu by the Durham County Health Department
- **Map D:** Percent of Population reporting Flu-Like Symptoms

Mass Vaccination Clinics:

- The Health Department held clinics on October 19 and 21 for elementary-age children. A total of 1250 children (and a few other family members in the target groups) were vaccinated in the two clinics.
- The Health Department had one walk-in vaccination clinic on October 30 at the Health Department. That clinic was specifically for children under 3, pregnant women, and caretakers of children under 6 months of age. A total of 385 vaccines were given that day.
- The Health Department has had three large mass walk-in clinics at the National Guard Armory on Stadium Drive.
 - On 11/11/09, 2351 doses were given. The clinic ran from 10-7.
 - On 11/18/09, 1731 doses were given. The clinic ran from 3-7, and was especially targeted (though not limited to)

4 A Regular Meeting of the Durham County Board of Health, held January 14, 2010.

students who had received a first dose in October, and needed their booster dose.

- On 12/16/09, 840 vaccines were given. The clinic ran from 3-7.
- The Health Department had an outreach clinic at New Jerusalem Church on December 9. This clinic was intended to be of particular convenience to residents in the Old Oxford Road area, particularly in Oxford Manor Housing project. Demand, however, was low for this clinic; only 36 vaccines were given.

Appointment Clinics:

- The Health Department is running appointment clinics every Tuesday and Thursday from 9-6. There is the capacity to give at least 900 vaccines per day at these clinics; so far this capacity has not been met. Several hundred vaccines have been given at each of the clinics.

Other distribution activities:

- The Health Department has distributed vaccine to other medical providers in the community who were able to quickly give it to their patients and staff.
- The Health Department has provided vaccine to the NC School of Science and Mathematics (I was wrong about the sequence – I saw an article in the paper that had the name spelled out) to administer to their students and staff.
- The Health Department has made vaccine available to city and county staff who are considered health care providers or first responders on medical calls. (This includes Health Department staff, EMS staff, Durham Fire Department, and Durham Fire Marshal staff).
- The Health Department has held H1N1 vaccination clinics in 4 middle schools and 1 high school across the system in December. Because demand was not high in these sites (less than 10% of students participated), efforts will be made to encourage students and their families to attend the mass clinics planned for January 9, rather than continue doing clinics in other schools.

Public information/Public Education:

- Gayle Harris, along with Cameron Wolfe, MD from Duke, has held two press conferences to provide updates on the disease prevalence and vaccine availability to the general public.
- The Health Department has done regular press releases to announce vaccination opportunities, and to give Durham-specific information on such things as vaccine recalls.

5 A Regular Meeting of the Durham County Board of Health, held January 14, 2010.

- The Health Department has arranged for two billboards with the message “Don’t Get the Flu; Don’t Spread the Flu; Get Vaccinated.”
- The Health Department has developed and distributed numerous flyers providing disease education (e.g., handwashing and “Cover your Cough” messages), vaccination information, clinic information, etc.
- The Health Department has arranged for radio messages on local stations that cater to young adults.
- The Health Department is in regular contact with partners in the community who we can collaborate with to make sure that all bases are covered in our effort to prevent H1N1. In particular, we have worked closely with Duke Medical Center, Durham Public Schools, Lincoln Community Health Center, NCCU Student Health, and Durham Emergency Management. The County Manager’s office has also been fully supportive of our efforts, providing assistance with press conferences and press releases, messages to county employees, and allowing county employees release time to help with the 12/16/09 H1N1 clinic.
- The Health Department has maintained an H1N1 call-in line since soon after the H1N1 virus was identified. This line continues to be in operation; at this time most calls are for vaccine appointments.

Since October 5, 2009 the Health Department has received a total of 20,920 doses of injectable vaccine. The health Department has received 7,440 doses of live virus vaccine. Through this past Friday, the Health Department has administered 17, 546 doses of in-activated vaccine and 5,636 doses of live-virus vaccine. Regarding Durham County as a hold a total of 50,700 doses of vaccine have been shipped to Durham which represents 19% of the population. According to the state 32,832 doses have been administered which represents 13% of the population. Patients are given vaccine according to the specific criteria developed by the state. There was discussion on finding more ways to increase vaccine participation in the hard to reach populations. The health department intends to spend more time addressing this issue in the community. The CDC is expecting a third wave of the virus. Once a patient receives the vaccine, the patient should have immunity until the virus somehow has a slight mutation. So if the virus changes next season the patient will have to be vaccinated again to be protected from the new string of the virus.

HOMEHEALTH PROGRAM: *(Gayle Harris/Sue Gupstill)*

The Home Health/Adult Health Program is charged with the primary responsibility of providing in-home care and skilled services to medically homebound patients who reside in Durham County and who have a plan of care signed by a physician. To a much lesser degree, the program is also

6 A Regular Meeting of the Durham County Board of Health, held January 14, 2010.

charged with providing assessments for needed services for adults in Durham County.

The primary goal of the program is to promote adults' personal and family health, with a focus on adult preventive health services.

Visiting Nurse Service of Durham (VNS) staff continues to provide direct services to patients in Durham County. Program staff works individually with patients and/or as a member of a multidisciplinary team who provide services to acutely ill patients as ordered by a physician. These services are provided at the place of residence of the patient but may occasionally be provided at an alternative site.

Issues/Barriers/Challenges/Opportunities:

- As has been reported to the BOH on several occasions, the Home Health project is very fragile, due to low staffing, patients who tend to have chronic illnesses that will not resolve easily, and changing funding in both Medicaid and Medicare.
- At this time, the Home Health program has about 60 patients. (See handout). There are additional patients who receive In-home Aide services only.
- Although there has been a decrease in the number of patients since July, low staffing means that if there are any staff absences, providing services to patients becomes very difficult, requiring overtime hours by staff who are present. There is a risk that required services could not be provided if there were several staff absent at the same time. Current staffing is as follows:
 - Program Manager (allots approximately 50% of her time to administrative functions of Home Health)
 - Home Health Supervisor (expectation is 30% time to direct patient care and 70% to personnel and other program administration. Due to low staffing, time split is closer to 50% for each function)
 - Physical Therapist/Team Leader (at this time, less than 25% of time is spent in direct patient care; remainder is spent managing Home Health Aide time, assisting with data entry and documentation, and other miscellaneous activities)
 - Public Health Nurse III/Quality Assurance (.8 FTE, divides time equally between QA and patient care)
 - Public Health Nurse II (Provides full-time patient care)
 - 4 Community Health Assistants (plus 1 vacant position) (Provide patient care full time)
 - 1 Processing Assistant III (does significant data entry; at this time is also assisting other projects and providing part-time phone coverage for Division)

7 A Regular Meeting of the Durham County Board of Health, held January 14, 2010.

- In order to manage the caseload, the project has had to limit the types of patients it will maintain. Patients who require more than one visit per day, or regular visits on weekends cannot be accommodated, and must be referred to another agency.
- The project stopped taking new patients approximately one year ago.
- Based on a needs assessment done during FY 2007-2008, there are needs for services to residents who do not require care at a level to make them eligible for the Home Health project, and a need to provide supportive services to Assisted Living Facilities. There is no funding stream for this activity, however.

- Over the past few months, Gayle Harris, Health Director, and Sue Guptill, Director of Nursing, have both been approached by companies interested in purchasing the Home Health Agency. Representatives from two companies have met with Gayle, Sue, and Assistant County Attorney, Carol Hammett. Both companies made informal presentations describing their companies and asking us to explore the possibility of selling to them.
- After the presentations, Carol Hammett researched the legal possibilities, and Gayle Harris communicated with Health Directors in other counties who had sold their agencies. It was determined that this could be legally done. There would be an open bidding process.
- If a decision were made to sell the agency, important considerations would be protection of our current patients and employment options for our current staff.
 - We would expect a guarantee from the purchaser that they will accept our patients.
 - We would make employment options available in a number of ways to current staff.

The Board of Health discussed the pros and cons of selling the agency and how it would affect existing patients, employees and how the income of the sale would be used.

Dr. Ronald Spain made a motion to approve the sale of the Home Health agency with the following contingency: “The purchaser guarantees to accept the existing patients; make employment options available in a number of ways to the current staff; and the County Commissioners would agree that the income from the current sale would be used to support Durham County Health Department Initiatives”. Ms. Sue McLaurin seconded the motion and the motion was approved.

8 A Regular Meeting of the Durham County Board of Health, held January 14, 2010.

ANIMAL CONTROL: *(Gayle Harris)*

Animal Control is currently a function of the General Services Department. Mike Turner, long-time department head of General Services County retired on December 31, 2009. Of the North Carolina counties that Durham County typically uses for comparison, Animal Control is either a stand-alone department or located in either the Sheriff's Department or the Health Department. Prior to being located in General Services, Animal Control was a separate department within Durham County Government.

The health department currently interfaces with Animal Control regarding rabies-related issues as defined in GS 130A – 41, which states that a local health director shall have the power “to examine, investigate and control rabies pursuant to Part 6 of Article 6 of this chapter”. Part 6 of Article 6 is comprised of sections 130A-184 through 130A-204.

County Manager Michael Ruffin requested that the Board of Health consider accepting Animal Control as a health department function.

Dr. Ronald Spain made a motion to authorize the health department to accept Animal Control as a health department function on the contingency that the Health Director would receive the appropriate funding to hire an Assistant Health Director. Mr. Bill Burch seconded the motion and the motion was approved.

HUMAN SERVICES COMPLEX UPDATE: *(Marcia Robinson)*

- Furniture – Reviewed and rated display of 5 furniture manufacturers. There will be a meeting on February 25 on how the furniture was rated and make a selection for the new building.
- Basement Flooding - Problem has been resolved
- Temporary Signage - General Services has placed the temporary signage for the building.
- Clinical Equipment - Freelon, Public Health Team, IT Department and Engineers met to discuss purchase of Clinical equipment. They are looking at an option to purchase the Clinical equipment at a reduced price through GSA.

HEALTH DIRECTOR'S REPORT

Division/Program: Administration /Staff Development Day

Brief program description/statement of goals:

On January 6: Create an atmosphere for staff to meet others outside their division, and learn more about other divisions in order to better serve our customers and be ambassadors for the department.

Issues/Barriers/Challenges/Opportunities:

Opportunities – Interdepartmental collaboration - The program was planned by members of the Leadership Team and a staff member from most of the divisions.

The agenda included presentations by: Dr. Jeffrey Engel, state health director; Environmental Health; Nutrition and Health Education (“Health and Wellness”); Administration; Community Health / Durham Connects, Administration / Document Management; and Environmental Health / Implementation of HB 2 (“What’s New at the Health Department”); Dental; and Annis Davis, consultant.

Implication(s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

The goal was accomplished.

Comments from evaluation form:

- Staff enjoyed the workshops; learning in detail about other programs, networking with other divisions
- Staff really enjoyed comments/information from the State Health Director (Overwhelmingly)
- Staff thought that the afternoon session (a framework for personal and professional growth and team building activities) with Anis Davis was very beneficial; enjoyed the opportunity for staff interaction.

Next Steps/Mitigation Strategies:

Use suggestions from evaluation form to plan the next Staff Development Day.

Suggestions included:

- Team Building activities
- Presentation from other Health programs
- Improve communication
- Motivational programs

Division/Program: General Health Services Division / Immunization Program

Brief program description/statement of goals:

To promote public health through the identification and elimination of vaccine-preventable diseases and focusing efforts on:

- Reducing the spread of vaccine preventable childhood diseases by assuring that individuals are age appropriately immunized;
- Eliminating barriers that delay or prevent delivery of immunizations, and to assure the safe delivery of vaccines;
- Ensuring that vaccine-preventable disease outbreaks are identified, monitored and managed;
- Providing education and outreach;
- Utilizing and promoting the North Carolina Immunization Registry.

Issues/Barriers/Challenges/Opportunities:

Received shipments of H1N1 vaccine from October 5 to date:

- 20,920 doses of inactivated injectable vaccine
- 7,440 doses of live virus intranasal mist.

Administered through December 31, 2009:

- 16,357 inactivated doses
- 5,216 doses of live virus mist

Provided weekly aggregate H1N1 influenza vaccine use reporting to the NC Department of Health and Human Services, Division of Public Health

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

As weekly H1N1 vaccine shipments arrive, distribution and administration plans continue to occur

Next Steps/Mitigation Strategies:

Ongoing H1N1 vaccination planning

Division/Program: General Health Services Division / Tuberculosis and Communicable Disease Control Programs

Brief program description/statement of goals:

To eliminate tuberculosis disease by reducing the number of new cases of TB and controlling the spread of TB into the general public

To provide prevention, identification, treatment, education, counseling, reporting and epidemiological investigation and follow-up of communicable diseases

Issues/Barriers/Challenges/Opportunities:

- Outbreak of acute hepatitis B in a long term care facility. Four patients have been infected. To date, two cases have expired with one cause of death attributable to acute liver failure and the second cause of death pending. A collaborative investigation is continuing in consultation with the State Communicable Disease Division.
- Ongoing investigation of several potential transmissions of rabies arising from a bat infestation at a local university.
- Health Law Violator convicted and sentenced in December 2009 to 9 months in a medical hospital. Follow up court date is February 17, 2010 for reevaluation by the presiding judge.
- Quanterferon TB blood testing of 66 contacts to TB exposure on the job.
- Three Quanterferon TB blood testing conversions occurred from second round testing at Northern High School
- Completed outbreak investigation of Salmonella in children at a local daycare
- One confirmed case of norovirus reported and investigated from oysters eaten at a local restaurant.
- Challenge of timely investigation and reporting of communicable diseases through the NC Electronic Disease Surveillance System

Implication(s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

- State CD and State Immunization Program assisting with investigation of Acute hepatitis B outbreak in long term care facility
- Continued incarceration of Health law Violator
- Continuity of all medical care of Health Law Violator while in medical prison

Next Steps/Mitigation Strategies:

- Continue investigation of hepatitis B outbreak at long term care facility. Follow up on cause of death of one case.
- Continue to work with the university and the state regarding follow up of those potentially exposed. Continue to monitor mitigation of bat infestation.
- Follow up with x-rays of conversions from Northern High School tuberculosis exposure.
- Assure recommendation and treatment for LTBI of positive Quanterferon contacts from testing at NHS tuberculosis exposure.

Division/Program: Nutrition Division / Clinical Nutrition Program

Brief program description/statement of goals:

Durham County Health Department is participating in Cohort III of the North Carolina Diabetes Education Recognition Program. The North Carolina Division of Public Health serves as the “umbrella” recognized program with the American Diabetes Association to provide diabetes self management training (DSMT). The overall goal of the program is for local health departments to provide direct, reimbursable DSMT services. The goal for program participants is improved control of their diabetes through use of self-management skills that focus on correct medication use, healthy diets, appropriate physical activity, stress management, and self blood glucose monitoring.

Issues/Barriers/Challenges/Opportunities:

The first series of DSMT classes have been completed and evaluations from participants completing the series were positive. Not all employees were able to attend the 8 hours to receive all components of DSMT. A make up session has been scheduled for January 5, 2010. The final component of the series is a three-month follow-up session in which longer term goals are set and nutrition staff will assist participants in connecting to other supportive services to aid in diabetic control. Pre and post blood values that measure general blood sugar control (hemoglobin A1C) will be evaluated after the three-month session to determine if there were improvements after attending the DSMT series.

To address the issue of participants completing the series, nutrition staff met with Diane Pearson, Human Resources, to discuss the possibility of changing the class scheduling from 8 one-hour sessions to 4 two-hour sessions. It was proposed that with fewer opportunities to miss class, employees are more likely to complete the program. In addition, total time away from work, including travel time to and from class, was calculated for two-hour classes versus 1-hour classes. Total estimated time away from work was shortened by offering two-hour classes. Approval was received to offer two-hour sessions and employees may attend with supervisor approval. The next series will be offered in two-hour sessions.

Durham County’s DSMT program was featured in the December 2009, “Sweet Nothings”, the monthly newsletter of the North Carolina Diabetes education Recognition Program, Chronic Disease and Injury Section, Division of Public Health.

Implication(s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

- A second series of DSMT classes for county employees will begin in January or February.

13 A Regular Meeting of the Durham County Board of Health, held January 14, 2010.

- The DSMT program involves 10 hours of self-management training including an individual assessment, 8 hours of self-management training classes and a follow-up session 3 months after the last class.
- Staff nutritionists who are Registered Dietitians and North Carolina Licensed Dietitian/Nutritionists are providing program instruction and oversight.
- Registered Dietitians are qualifying providers to bill for DSMT services as well as Medical Nutrition Therapy services.
- Required outcomes include changes in HgbA1c, an overall measure of blood sugar control, and percent of participants conducting daily foot exams.
- Additional outcomes collected are changes in weight and BMI and behavior changes related to healthy food choices and physical activity.
- Discussions and planning has occurred with staff at CAARE, Inc, about providing DSMT services on site at CAARE, Inc.
- Discussions have occurred with staff of the Duke University African-American Health Improvement Partnership (AAHIP) Diabetes Improvement Project (DIP) about referring to and from the Health Department's DSMT program.

Next Steps/Mitigation Strategies:

- The Health Department is currently completing the required six-month data collection phase to become eligible for application to the American Diabetes Association. The Health Department will submit application to become a recognized DSMT program under the American Diabetes Association in the spring of 2010. Once recognition is achieved, DSMT services are reimbursable under Medicare Part B, Medicaid, and private carriers such as Blue Cross Blue Shield.
- Achieving provider status for private carriers will be explored.
- To continue discussions with CAARE, Inc. about providing on site DSMT classes for clients receiving services at CAARE, Inc. Anticipate first series of classes will occur in January or February.
- To continue discussions with African American Health Improvement Project (AAHIP) - Diabetes Improvement Project (DIP) staff about coordination of care and referrals between the two programs.

Division/Program: Nutrition Division / DINE for LIFE Program

Brief program description/statement of goals: "Salad Days" was a program created in conjunction with the edible garden at Watts Elementary School. The goals of the program were to:

14 A Regular Meeting of the Durham County Board of Health, held January 14, 2010.

- Teach students about harvesting seasonal vegetables from the garden.
- Increase awareness about where the food we eat comes from.
- Teach students how to make dishes using items growing in the garden.
- Teach students about the nutritional value of vegetables and the importance of eating them.

Students worked in four different stations to make Radish Avocado Salsa, Veggie Dip, Herb Salad Dressing, and a green salad using ingredients from the garden. Students learned how the vegetables and herbs grew and how to harvest the food from the garden. During the food preparation, students learned about the nutritional value of the dishes they were making. While each student prepared only one dish, students taste tested each food.

Issues/Barriers/Challenges/Opportunities:

The biggest challenge with this program was the weather. The program was conducted entirely in the garden, so the success of the program relied on decent weather. We had to completely reschedule a full day of classes due to inclement weather. Fortunately, we were able to reschedule the classes.

Another challenge facing the program was finding adequate volunteer support. While we were able to find amazing volunteers for both sessions, the program relied heavily on having at least 3-4 volunteers and adequate teacher support for each cooking and harvesting station to run smoothly. Another challenge with the program was the inadequate production from the garden. Watts has just recently started their edible garden and as a result, there were few vegetables that were usable. We needed to supplement the garden with vegetables purchased from the grocery store. Ideally, the garden would produce everything we needed to conduct the program.

While preparation for the program required a lot of extra time, organization, shopping, and support, the results of the program were well worth the extra effort.

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

Salad Days reached 17 of the 19 classes at Watts. Unfortunately, we did not collect any evaluation data on the program, but received several comments from teachers and students on the success of the program. One teacher said that Salad Days was the best program she had ever attended at Watts and we had several students and teachers ask for the recipes of the dishes we made in the garden.

As a result of this program and others in the garden, Watts has decided to apply for a grant to further extend the reach of gardening programs in the school.

15 A Regular Meeting of the Durham County Board of Health, held January 14, 2010.

The edible garden helps to further enhance the DINE program at Watts by adding an application piece to the information that we convey to the students. In future years, I hope to better align the Salad Days program with the Fruits and Vegetable lesson.

Salad Days was featured on Watts Elementary School's webpage <http://georgewattspta.org/2009/11/salad-days/>

Next Steps/Mitigation Strategies:

Next steps for Salad Days include looking for additional funding to enhance the garden and the programmatic events in the garden, planning a Spring Salad Days using seasonal fruits and vegetables from the garden, and figuring out a way to reach the parents at the same time to encourage increased fruit and vegetable consumption at home.

Division/Program: Nutrition Division / DINE for LIFE Program

Brief Program Description/Statement of Goals:

The 10-week apprenticeship series entitled "The Power of Eating Right" was taught at Lowe's Grove Middle School in the Citizens Schools after school program. This program affords students the opportunity to set goals and become leaders. The Operation Frontline series, a nationally developed and tested curriculum, was utilized for 6 of the 10-week apprenticeship series. During these 6 weeks, students were given bags of food that included most of the ingredients, along with a recipe, to prepare a healthy meal or snack at home.

The goals of "The Power of Eating Right" apprenticeship include:

- Improve nutrition knowledge by exploring topics such as Healthy Meal Planning with MyPyramid, Whole Grains, Fruits/Vegetables, Low Fat Dairy, Lean Meat & Beans, Snacks, Fats in Fast Foods, and Food Safety.
- Increase the ability to distinguish between healthy and less healthy food options and increase self-efficacy to make healthier choices.
- Develop basic culinary skills to create healthy, tasty and low cost meals and snacks they can replicate at home. By the end of the program, students will cook meals unassisted.
- Increase food security by decreasing the reliance on fast food and convenience foods.
- Decrease overweight and obesity and related chronic disease risk by increasing nutrition knowledge, positively influencing food choices/behaviors and developing cooking skills.

Issues/Barriers/Challenges/Opportunities:

The afterschool program proved to be an ideal setting to disseminate student focused, interactive nutrition education. The apprenticeship was taught in a Life Skills classroom, which had adequate kitchen equipment and space. Students appeared to be actively learning and many of them replicated the recipes at home. At the end of the apprenticeship, the students successfully prepared a stir-fry meal by themselves during an “Iron-Chef” type competition. This event was covered by NBC 17 news and a website story on

<http://durhamcounty.mync.com/site/durhamcounty/news/print/45311/>, Durham Public Schools Channel 4 and their website “Frontpage News” <http://www.dpsnc.net/news/frontpage-news/student-chefs-compete-in-cooking-finale> and a Durham County Government press release http://www.co.durham.nc.us/departments/publ/News_Releases/News_Release.cfm?ID=1203 . In addition, “The Power of Eating Right”

apprenticeship was chosen to be showcased on the Citizen Schools national website, where it could be utilized as a model nutrition education program.

Time was a limiting factor in this apprenticeship. A nutrition lesson, culinary demonstration, food preparation, and clean up all must occur within a 90 minute timeframe. In addition, classroom management was a significant challenge. Certain students would frequently veer off task and school personnel had difficulty managing those students.

This class series opened up a wonderful door for the Nutrition Division. To run this series, we partnered with the Inter-Faith Food Shuttle, The Food Bank of Northern and Eastern NC (Durham Branch), The Partnership for a Healthy Durham Obesity and Chronic Illness subcommittee, and Citizens Schools. We also relied on community volunteers and school employees to judge the “Iron Chef” competition. This program allowed us to build relationships that will hopefully bridge into other aspects of our programming.

Implications:

The “Power of Eating Right” apprenticeship at Lowe’s Grove Middle School proved to be a success, with participants reporting positive behavior changes. A pre/post test, developed by Operation Frontline, was administered to students at the end of the 10-week apprenticeship. The following changes were just a few of those reported:

- Increase in the number of meals eaten that include 3 of the 5 healthy food groups.
- Increase in the frequency of fruit and vegetable consumption.
- 55% of students state they choose healthier snacks.
- 64% of students report they eat more meals and snacks at home, instead of fast food.

17 A Regular Meeting of the Durham County Board of Health, held January 14, 2010.

- 85% of students state they prepared at least one of the in-class recipes at home.
- 85 % of students report an improvement in cooking skills.
- 54% of students state the apprenticeship affected them:
 - “Now I know how to cook”
 - “It taught me to choose healthy foods”
 - “At first I was eating a lot but now I’m losing weight and I’m glad you helped me out”
 - “I’ve eaten more vegetables and learned how to cook”

Next Steps/Mitigation Strategies:

The “Power of Eating Right” program required a significant amount of time and resources, but the results indicate those resources were well spent to produce positive behavior changes in Durham County youth. It would be logical to duplicate it in other schools. To lessen the burden on the Health Department’s resources, we will look to community volunteers to help with more aspects of the program in the future, such as teaching the cooking component and testing recipes prior to class. We will also try to utilize college interns more in the future.

The Nutrition Division is currently exploring opportunities to offer this program to other middle schools during the school day or in community sites such as the Boys and Girls Clubs or Parks and Recreation sites.

Division/Program: Health Education / Partnership for a Healthy Durham - Infant Mortality Reduction Committee

Brief program description/statement of goals:

The Infant Mortality Reduction Committee (IMRC) of the Partnership for a Healthy Durham was created to improve birth outcomes of Durham County residents. The IMRC has developed a plan to reduce infant mortality and pre-term birth among African American infants in Durham County.

Goals

- Reduce minority infant mortality and low birth infant birth weight primarily in the African American community.
- Build up on the strong collaborations that already exist with community organizations to maximize resources and sustain the project’s efforts.
- Incorporate preconception and inter-conception health.

Issues/Barriers/Challenges/Opportunities:

In Durham County, the African American infant mortality is 12.3 per 1000 live births. African American infants are 3.5 times as likely to die in the first year of life compared to whites.

18 A Regular Meeting of the Durham County Board of Health, held January 14, 2010.

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):
IMRC has written and submitted a three year grant proposal. If funded, the money will be used to:

- Hire a full time maternal coordination
- Hire a part time maternal outreach worker

The coordinator and the out-reach worker will assure the provision of:

- Enhanced educational and supportive services to at least 40 African American women each year,
- Increased Baby Love program referral opportunities for pregnant women who are at risk for preterm births,
- Extensive community based outreach will be provided to at-risk women.

Next Steps/Mitigation strategies:

Continue to search for resources to implement the proposed plan goals to:

- Reduce minority infant mortality and low infant birth weight primarily in the African American community.
- Build up on the strong collaborations that already exist with community organizations to maximize resources and sustain the project's efforts.
- Incorporate preconception and inter-conception health.

Division/Program: Community Health / Health Check

Brief program description/statement of goals:

The Health Check Coordinators assist Medicaid eligible families in finding and accessing health and dental care. They also promote and help families enroll in Health Choice.

Issues/Barriers/Challenges/Opportunities:

Durham County Health Department has employed three Health Check Coordinators for many years primarily funded by DMA. For the last two years the Health Department has also employed a bilingual Health Check Coordinator funded by Duke Community Health. DMA has decided to discontinue the Health Check funding to local health departments as of January 31, 2010.

On February 1, 2010, DMA's contract for Health Check Coordinator Program with Community Care of North Carolina (CCNC) will become effective. Locally, Durham Community Care Network within Duke Division of Community Health will assume responsibility for the program with DMA funded 1.0 FTE.

19 A Regular Meeting of the Durham County Board of Health, held January 14, 2010.

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

- Four positions will be eliminated from the Child Health cost center. The people impacted include three long-time (25, 20 and 15 years) employees.
- The four employees were given Reduction-in-Force notices and offered the opportunity to apply for other positions in the department and the County.
- Outreach to families of children with Medicaid who are experiencing barriers to receiving well-child care has been severely reduced.

Next Steps/Mitigation Strategies:

- Transition for employees should be made as easy as possible.
- A representative from the department will continue to participate in the local Health Check Task Force led by Durham's Partnership for Children.

Division/Program: Health Education and Environmental Health / Implementation of HB 2: Smokefree Restaurants and Bars

Brief program description/statement of goals:

House Bill 2 that prohibits smoking in restaurants and bars became effective on January 2, 2010. To celebrate the occasion, public health representatives, some Board of Health members, a County Commissioner, interested community members and Teens Against Consuming Tobacco members met for lunch at Tyler's Restaurant at the American Tobacco Complex.

Goals:

- To celebrate the enactment and implementation of HB2.
- To bring together groups and agency representatives who will be responsible for public education and enforcement.
- To support businesses that are in full compliance of the law.
- To raise public awareness.

Issues/Barriers/Challenges/Opportunities:

Opportunities:

- The presence of print and electronic media provided an opportunity for wide range free publicity and education.
- Non-compliance complaints have been registered against three establishments: Brailie's Sports Bar, Tripps, and Whiskey. Each of the establishments received education through a letter from the Health Director and a visit by an Environmental Health Specialist.

Issue:

- Only a small amount of funding was received to support the program.

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

- Education and enforcement of this law will have an increased time demand on environmental health employees who are responsible for the enforcement of the law.
- HB 2 may also cause an increased demand on health educators for the purpose of educating restaurant owners, employees and the public at large.

Next Steps/Mitigation Strategies:

- Staff will continue to respond to complaints following the protocol provided by the state.
- Education will help in creating community pressure that will reinforce the notion that smoking is unacceptable in public places.

Division/Program: Environmental Health On-Site Water Protection (OSWP)

Brief program description/statement of goals:

To prevent and control the spread of communicable disease through:

- The mandated enforcement of local and state rules and regulations as they apply to private water supply wells and private sewage disposal systems.
- The mandated enforcement of local and state rules and regulations as they apply to, public swimming pools
- The investigation of nuisance complaints related to enforcement of local rat control rules.
- Compliance and consultative activities that promote the improvement of public health and environmental quality as it relates to soil, water, swimming pool sanitation and safety, general sanitary practices and exposure to chemical, biological and physical agents.

Issues/Barriers/Challenges/Opportunities: Falls Lake Legislation

- Falls Lake Nutrient Management (SB 1020) remains on the front burner for Environmental Health. Robert Brown and Bob Jordan participated in the last state/county On-Site Water Protection (OSWP) meeting on December 16, 2009. A list of considerations was submitted to the NC Division of Water Quality for review. No draft rules for OSWP have been released to date.
- Environmental Health (with assistance from City IT) has geo-coded data for County regulated septic systems and State regulated

21 A Regular Meeting of the Durham County Board of Health, held January 14, 2010.

sand-filters in the Falls Lake watershed. Maps have been presented to Assistant County Manager, Drew Cummings, and Assistant City Manager, Ted Voorhees. This data is now available to other county/city departments. Additional mapping will be required as field survey needs are assessed.

- The NC Environmental Management Commission met January 13, 2010. They will receive a Falls Lake Update by the NC Division of Water Quality and a Septic Tank Study by the NC Division of Environmental Health.
- The final stakeholder meeting will be held January 21 to review the draft rule. Fiscal analysis is due to the Office of State Budget and Management January 31.
- Approval to take the draft rule to public comment is expected in March 2010.
- Robert Jordan will be meeting with Danny Smith, DWQ supervisor within the Raleigh Regional Office in mid-January to discuss the potential for joint NCDWQ/Durham Environmental Health field survey work starting in February to locate failing septic and sand-filter systems. Connection of failing systems to city sewer (where available) will be a high priority.
- Meetings with other county departments and city/county joint meetings continue.

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

The complete implications for Environmental Health are not yet known since draft rules related to on-site sewage systems have not been released to date. Field survey work is expected using existing staff to locate and remediate failures. Cooperation with NCDWQ and City/County Stormwater will be essential to accomplish this end. These activities will provide no expected increase in revenue to the department. Depending on the building activity level this spring, onsite staff may be stretched to meet program demands as well as conduct the field surveys required by this project.

Next Steps/Mitigation Strategies:

- Continue to formulate strategies
- Isolate areas for field surveys based on availability of sewer, proximity to waters, and other factors as determined by NCDWQ and Durham Environmental Health.
- Await draft rules for OSWP

22 A Regular Meeting of the Durham County Board of Health, held
January 14, 2010.

Ms. Sandra Peele made a motion to adjourn the meeting. Mr. Ronald Spain seconded the motion and the motion was approved.

William H. Burch, R.Ph., Chairman

Gayle B. Harris, MPH, Health Director